

REPORTS.

RECONSTRUCTION PROBLEMS. NO. 33, CHILD WELFARE. Ministry of Reconstruction; 1919; price 2d.

THE infant mortality rate for 1899 was 163 a thousand births. In 1918 it was 97.

The Medical Report of the Board of Education for 1916 showed that out of the six million children who are under medical inspection 10 per cent. are unclean and 10 per cent. ill-nourished. About three million have decaying teeth, more than half a million have poor eyesight, about a quarter of a million are suffering from diseases of the ear, throat and lymphatic glands; and a good many are afflicted with skin diseases, disorders of the heart, tuberculosis and infectious maladies of different kinds. Quite a million are unable, by reason of their health, to profit by their schooling.

The welfare movement dates from 1892 in France and about 1904 in England. Just before the war the State guaranteed to pay at least half of the expenses of the centres. The latest advances have been secured by the Education Act and the Maternity and Child Welfare Act of 1918. The former gave the Board of Education power to subsidise nursery schools, compelled local authorities to extend medical inspection to secondary and continuation schools, forbade the employment of children under twelve years of age, imposed on the education authorities the duty of educating all the defective children in their district, empowered the committees to maintain holiday and school camps, gymnasia, swimming baths, playing fields, and day and evening centres for recreative physical training; and made many other provisions for health. Among the advances made by the latter were the payment of grants to municipal nurseries, and the permission given to the Local Government Board to aid schemes for improving the midwifery service, accommodating delicate mothers and children in hospitals and convalescent homes, keeping up the health of expectant mothers and securing satisfactory conditions of home or institution life. These and all other health functions were transferred, in 1919, to the Ministry of Health.

At the present time there are many open-air schools, 15 of them residential, at which baths, good meals, special clothing and other means of promoting health are provided; 62 schools for cripples; 50 schools for deaf and 50 for blind children; 191 schools for mentally defective and six for epileptic children; six day sanatoria and 13 residential schools for tuberculous children; and 17 residential schools for tuberculous children who need surgical treatment.

The spirit in which the welfare work is done is that which was expressed by Mr. John Burns, in 1906, in the words: "First concentrate on the mother. What the mother is the children are. Let us glorify, dignify, purify motherhood by every means in our power."

REPORTS OF THE INDUSTRIAL FATIGUE RESEARCH BOARD. NO. 2. THE OUTPUT OF WOMEN WORKERS IN RELATION TO HOURS OF WORK IN SHELL-MAKING. His Majesty's Stationery Office; 1919; 6d. net.

THE noteworthy facts revealed by this enquiry are, that by a change from twelve-hours to eight-hours periods of daily work (1) the output of shells per hour was raised by 6.5 per cent., (2) the full efficiency of the worker was maintained throughout the daily period. Night employment did not prove to be harmful to the workers.

THE TRAINING OF HEALTH VISITORS, ESPECIALLY FOR MATERNITY AND CHILD WELFARE WORK. Circular 4. Local Authorities. M. and C. W. 10. His Majesty's Stationery Office; 1919; 1d.

BOARD OF EDUCATION. DRAFT REGULATIONS FOR THE TRAINING OF HEALTH VISITORS. His Majesty's Stationery Office; 1919; 1d.

THE appointment of health visitors was begun in 1908. Their chief duty consists in home visiting for the purpose of giving advice with regard to the nurture of young children. Their sphere is different from that of sanitary inspectors, district nurses, midwives, inspectors of midwives, tuberculosis visitors and school nurses, although they have worked in all these capacities in the past, and will probably be employed in the two last-mentioned ones more and more in the future. They will have to undergo a two years' training, which need not include a full course in midwifery, but must embrace elementary physiology, artisan cookery and household management, hygiene, the treatment of communicable diseases, maternity and infant welfare, and elementary economics and sociology.

BULLETIN OF THE LEAGUE OF RED CROSS SOCIETIES. Vol. 1, No. 2. Geneva; June, 1919.

AS readers of the *EUGENICS REVIEW* may already be aware, an important step has recently been taken in the organisation of an international campaign against preventable disease, by the formation of the League of Red Cross Societies, inaugurated at Paris last May. The admirable idea of maintaining and applying to the problems of peace the machinery which has proved so efficacious in mitigating the evils of war, originated with the authorities of the American Red Cross, and the proposals made on their behalf by Mr. H. P. Davison were enthusiastically adopted by the Red Cross Societies and by the Governments of the other Great Powers—Great Britain, France, Italy and Japan. Definite shape was given to the project at a Conference of representatives of the Red Cross Societies of the Five Powers held at Cannes last April, when an extensive programme of international work was drawn up. The June number of the *Bulletin of the League* contains a summarised report of the proceedings at this Conference, together with the general resolutions and the resolutions of the several sections constituted to report on specific subjects, viz., the sections on preventive medicine, on child welfare, on tuberculosis, on malaria and on venereal disease.

The League proposes to establish an International Bureau of Health, which is to serve as a central organisation for stimulating and co-ordinating the activities of the Red Cross Societies and similar voluntary agencies in the different countries which can assist in this crusade against disease. It was recognised by the Conference that in the initial stages of the scheme it would be inexpedient, and perhaps, indeed, impossible, to go beyond the assertion of general principles; and the resolutions adopted were accordingly confined for the most part to the acceptance of certain broad lines of policy as to which there is virtually universal agreement, the details of their practical application being reserved for later elaboration.

It is satisfactory to note that the League gives a prominent place in its programme to the advocacy of a reformed and standardised system of vital statistics, as giving the necessary basis for a definite and permanent improvement of health conditions; and that it is justly insistent on the vital importance of encouraging research in hygiene and sanitary sciences.

These are matters of immediate urgency, in regard to which an international organisation such as the League of Red Cross Societies can do much to educate public opinion, and to arouse Governments to a sense of their responsibilities in relation to the health of the people.

W. C. S.